

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. 3% processing fee will be added to all credit or debit card payments.

You authorize Ninos Fine Foods Inc., to charge regularly scheduled charges to your credit/ debit card. You will be charged the amount indicated on the invoice or statement. A receipt for payment will be provided to you and the charge will appear on your credit card account statement

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other			
Cardholder Name (as shown on card): _				
Card Number:				
Expiration Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):				

I, _____, authorize Ninos Fine Foods Inc., to charge my credit / debit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date